ARIZONA STATE VETERINARY MEDICAL EXAMINING BOARD

1740 W. Adams St., suite 4600, Phoenix, Arizona 85007 Phone (602) 364-1PET (1738) FAX (602) 364-1039 VETBOARD.AZ.GOV

COMPLAINT INVESTIGATION FORM

If there is an issue with more than one veterinarian please file a separate Complaint Investigation Form for each veterinarian

PLEASE PRINT OR TYPE

FOR OFFICE USE ONLY

	Date Received: March 5, 2020 Case Number: 20 - 84
Α.	THIS COMPLAINT IS FILED AGAINST THE FOLLOWING: Name of Veterinarian/CVT: Hugh Giffords Premise Name: Phoenix Dog (cod Hospita)
	Premise Address: 3418 N. 7th Ave City: Phoenix State: AZ. Zip Code: 85013 Telephone: 602 -274-0561
В.	INFORMATION REGARDING THE INDIVIDUAL FILING COMPLAINT*: Name: John Eric Rowager
•	Address: City: State: Cell Telephone:

*STATE LAW REQUIRES WE HAVE TO DISCLOSE YOUR NAME UNLESS WE CAN SHOW THAT DISCLOSURE WILL RESULT IN SUBSTANTIAL HARM TO YOU, SOMEONE ELSE OR THE PUBLIC PER A.R.S. § 41-1010. IF YOU HAVE REASON TO BELIEVE THAT SUBSTANTIAL HARM WILL RESULT IN DISCLOSURE OF YOUR NAME PLEASE PROVIDE COPIES OF RESTRAINING ORDERS OR OTHER DOCUMENTATION.

| RECENTED

MAR 0 5 2020

BY:

Breed/Species: Bearron start this Australian Shepherd. Age: Sex: Male Color: Brack / White PATIENT INFORMATION (2): Name: Sex: Color: VETERINARIANS WHO HAVE PROVIDED CARE TO THIS PET FOR THIS ISSUE: Please provide the name, address and phone number for each veterinarian. Sinuscus total animal Horrital Control of Mariston? Value fever. 5450 w Gen. Princ, Gender AZ. 85301 Please provide the name, address and phone number of each witness that has direct knowledge regarding this case. Nichole Necson Attestation of Person Requesting Investigation y signing this form, I declare that the information contained herein is true address to the best of my knowledge. Further, I authorize the release on y and all medica precords or information necessary to complete the vestigation of this clase. Signature: Which we will be set of my knowledge. Signature: Which we will be set of my knowledge. Signature: Which we will be set of my knowledge. Signature: Which we will be set of my knowledge. Signature: Which we will be set of my knowledge. Signature: Which will be set of my knowledge. Signature: Signa	N	Name: <u>Odic</u>	•	
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Odie had a mass on his tail and bleeding ulcers around his anus. It was recommended that he be neutered, and the mass removed from his tail. He was operated on February 19th 2020. When the vet called after his surgery, they informed me that everything went well but we're not able to remove the entire mass due to the close proximity to his anus. When we picked him up at 3:30 pm, he was bleeding slightly around the sutures on the tail. They informed us this was normal.

February 21st, Odie still had bleeding from the area that had slightly increased. We also noticed the stitches for the mass removal appeared to be coming loose. We called the hospital and they said to bring him in. We did so at around 2:30 pm. They took him In back and brought him out and said the bleeding was normal but to still bring him in at our scheduled appoint the next morning at 9 am, so the Vet that did the surgery can look at him. I was up with Odie until 3 in the morning tending to the bleeding and until he rested.

February 22nd, we brought Odie in at 9 am, we brought up about the bleeding and the loose stitches again. They took him in back and upon his return said this is normal, and it's going to take time to heal up.

February 23rd, Odie was showing signs of unrest and anxiety around 10 am, he was neurotically pacing around the house and trying to rub his hind end on the floor. By 4 or 4:30 pm he was bleeding very badly and it appeared that all the stitches were undone. I took a video of the issue and sent it to Hugh Giffords (I realized the next day that I sent it to the wrong number). With the amount of pain he was exhibiting, and the amount of blood he was loosing we took him to VetMed on Cavecreek and the 101. I was worried that we would have to put him down at this point so I called to confirm if we had to, could they do it. When we were seen at VetMed, we asked what are options would be, but if they were out of our financial capabilities we would likely need to put him down rather than suffer anymore pain. The vet there agreed that she would likely put her dog down too if she was in the same position. She said that there may be a procedure that they could try but it would be risky, and likely expensive. We were not in a good enough financial situation to attempt this option, nor did we want Odie to continue to suffer

February 24th, I called the hospital to inform them that we had to put Odie down and to cancel our 4 pm appointment, the receptionist was very kind and said she would let Mr. Giffords know. I also informed her that I had sent him a video the day prior but never heard back from him. It was later this evening that I realized I had not sent it to the right number.

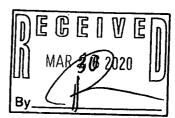
After realizing I had sent the video of Odie's issue to the wrong recipient, I forwarded the video to MR. Giffords correct number, he responded shortly after asking me to call him. We have tried to contact him several times but has not responded. Both in a phone call and text messaging. He has usually always responded to us in a timely manner in the past. With no response we felt like we were left with no other option than reaching out to you.

Sincerely

John Eric Rollinger

20-84

DR HUGH GIFFORDS NARRATIVE:



On Friday February 7, 2020 at approximately 6 pm ish I received a phone call from Nicole Nelson and Eric Rollinger while working on medical charts at Phoenix Dog/Cat/Bird Hospital. I took the phone call and they both proceeded to tell me that their 8 y/o MI German Short Hair Pointer Mix - ODIE - had been bleeding profusely from an open wound on or about the perianal region for the past 12+ hours and that they were now in the parking lot of VETMED about to walk inside to see an Emergency Room doctor. They asked if I instead could see ODIE and I said unfortunately we had just closed for the day; but instead I gave them my cell phone number and told them that they could call me when they saw the doctor at VET MED so thereby I could listen-in to the conversation and hear what the doctor was saying to help them understand diagnosis + treatment options presented to them.

Approximately 30-45 minutes later Nicole Nelson and Eric Rollinger called me back on my cell phone. I asked how the visit went with the ER doctor at VET MED and told me that they they decided against seeing a doctor at VET MED; that they wanted to see me instead. After counseling them that if the wound was still bleeding profusely that it was essential to seek immediate medical attention, they now both assured me that the wound was now only dribbling blood ...so I told them that I would see them tomorrow Saturday Feb 8, 2020[my off day] at 9am for a consultation to assess the wound and formulate a game plan for the next step.

On Saturday Feb 8, 2020 at 9am I performed a thorough physical exam on ODIE. And I emphatically state that the patient was not bleeding from either the perianal region; the tail or any other part of the body. Instead the PE revealed 2 distinct masses => the first mass was located ventral aspect base tail and the second mass was located left lateral ventral aspect perianal region [for a more detailed explanation see attached medical record] I assessed both masses and explained to the OWNER[s] that I thought Mass #1 was a fibroepithelial polyp [skin tag]; and that the second mass could be a perianal adenoma in which case Castration [neutering] is recommended and is often curative because eliminating androgens produced in the testes can result in either full or partial tumor regression. However, I also further explained to the Owner's that without the benefit of sending the mass[s] out for histo-pathology to a board certified Pathologist that the masses could be other diagnoses that might require different treatment options post-surgical removal [see list of Ddx r/o on attached medical record].

I then asked if they'd be open to surgical removal...they said yes. I explained to ODIE's owners that I would not be performing the surgery that my colleague Dr Kate Hamilton performs the vast majority of the operations at Phoenix Dog/Cat/Bird Hospital. I then stepped out of the exam room and asked Dr. Kate Hamilton to come and visit with ODIE and his owners and give her professional opinion as to whether or not surgery represented the best treatment option for ODIE. Dr Hamilton concurred with my initial assessment and built upon my explanation by reiterating to the Owners that if the perianal mass did in fact turn out to be a perianal adenoma that neutering ODIE might in fact be curative. We verbally told the Owners that they were more than welcome to seek out a second opinion...they declined the option of seeking a second opinion...they were then told that the earliest date available for surgery was February 19, 2020 - because our surgery schedule was already filled up. The Owners stated that they were fine with surgery being pushed off 11 days...they then were presented a surgical estimate for removal of

Mass #1; Mass #2; and Castration plus medications to go home. The Owners signed the estimate and then told me that they were concerned that ODIE would either lick at and/or scoot thereby inflaming his perianal region and causing it to bleed again...so because knowing that surgery was scheduled for 11 days later...I decided to prophylactically prescribed Amoxi Clav 875/125 BID PO x 15 days + SSD cream => which was to be applied 2-3x/day to affected perianal region. In my opinion a solid treatment plan was formulated and the Owners left the consultation satisfied.

On the evening of February 12, 2020 I took the red eye from Phoenix to NYC as my son who lives in NY was scheduled to have an emergency medical procedure. From February 13-February 21 I was in NY tending to my son. I returned back to Phoenix at 1AM Saturday February 22, 2020.

As a general rule I give out my personal cell phone number to roughly 25% of my clients. I have found that by offering accessibility to me [their doctor] that it helps to show how much I care and how much I value the trust that they are putting in me to help their cat or dog get better. THEREFORE THE FOLLOWING IS THE TIME-LINE OF ACTUAL TEXT MESSAGE CORRESPONDENCE BETWEEN MYSELF AND ODIE'S OWNERS FROM FEBRUARY 24 - MARCH 5, 2020.

- On Monday February 24, 2020 I received a text message to my personal cell phone from Eric Rollinger letting me know that they had made the decision to euthanize ODIE at Vet Med on Sunday February 23, 2020. The exact content of their text message was as follows: "Dr. Giffords, I sent this yesterday at 4pm to the wrong number. I just realized that today. This is Eric and Nicole with with Odie. He was in a lot of pain, Neurotically running around and rubbing his hind end. He started bleeding pretty bad and was uncontrollable. We made a decision to put him down at vet med around 7pm."
- After receiving the above text message on Monday February 24, 2020 I sent the following text message back that same today to Eric Rollinger "Eric its Hugh Giffords please give me a call when you get a chance."
- On Thursday February 27, 2020 I received the following text message: "Hi Dr. Giffords, Eric and Nicole. Can you give us a call when you have time to talk please."

PLEASE NOTE that on February 27, 2020 I again took the red eye back from Phoenix to NYC to spend the weekend with my son and tend to his health. I returned back to Phoenix early morning March 2, 2020 and worked at our sister clinic SUN VALLEY HOPE ANIMAL HOSPITAL on Monday March 2.

The next time I was back at Phoenix Dog Cat Bird was for a full day of work on Thursday March 5, 2020. On Thursday March 5, 2020 I received the following text message from Eric Rollinger:

• "Mr. Giffords, we want a copy of Odie's results on the mass/manhood tests. We've tried to call your office and they say we need to talk to you. You have not reached out to this point. Please email the results to _______ The lack of communication has been less than adequate. No need to call. We are not interested in a conversation, only the lab results.

I immediately called Eric Rollinger and was told in no uncertain terms that 'I, Hugh Giffords, was responsible for the death of his child ODIE.' Moreover he spent the majority of the call lambasting my incompetence; the incompetence of my staff; and the incompetence of my doctors. He repeatedly told me that ODIE'S wound had opened up post-surgery and that "he could fit 3 or 4 of his fingers into the wound it was so big." I asked ROLLINGER where was the wound that he was referring to. He said the wound 'on his butt.' He then made a point to tell me that on Friday February 21, 2020 he never saw a doctor only a vet nurse, and that ODIE'S surgical incision site was already exposed and profusely bleeding.

Already having spoken to my wife and partner - Dr Lara Sosnow - about this case I was already aware that my wife was the doctor who had seen ODIE on February 21, 2020 => and that my wife had in fact personally examined ODIE and that the surgical site had not in fact completely dehisced but that that there was minor discharge from a single suture that had loosened. Furthermore, my wife emphatically told me that after examining ODIE in the treatment area that she went out to the waiting area and personally communicated her findings to ERIC ROLLINGER and NICOLE NELSON.

Therefore, already armed with the knowledge that my wife personally spoke with ROLLINGER and NELSON I told ROLLINGER that I had spoken with my wife who assured me that ODIE was not bleeding profusely and that in fact my wife - Dr. Sosnow - and personally spoken to you in the lobby after your appointment. Rollinger told me that I was wrong that a vet tech had spoken with him and his wife and not a doctor. I then told ROLLINGER that my wife has never lied to me and asked if he was accusing my wife of lying. It was then that Rollinger's wife - Nicole Nelson - interjected herself into the conversation and told me that yes a lady doctor had in fact spoken with them.

I then asked ROLLINGER what took place at VET MED => ROLLINGER told me that was between VET MED and he and his wife. Although I found it quite interesting that he found the time to tell me that lady doctor at VET MED had told him that it would be too 'difficult of a surgery to fix ODIE'S wound and that euthanasia was a good option."

I HAVE ATTACHED FOR YOUR REVIEW AND FOR SUPPORTING EVIDENCE A COPY OF THE EXACT TEXT MESSAGE CORRESPONDENCES BETWEEN MYSELF and ERIC ROLLINGER.



VICTORIA WHITMORE
- EXECUTIVE DIRECTOR -

ARIZONA STATE VETERINARY MEDICAL EXAMINING BOARD

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INVESTIGATIVE COMMITTEE REPORT

TO: Arizona State Veterinary Medical Examining Board

FROM: AM Investigative Committee: Robert Kritsberg, DVM - Chair

Christina Tran, DVM Carolyn Ratajack Jarrod Butler, DVM

Steven Seiler

STAFF PRESENT: Tracy A. Riendeau, CVT - Investigations

Sabrina Kahn, Assistant Attorney General

RE: Case: 20-84

Complainant(s): John Eric Rollinger

Respondent(s): Hugh Giffords, D.V.M. (License: 6842)

SUMMARY:

Complaint Received at Board Office: 3/5/20

Committee Discussion: 8/4/20

Board IIR: 9/16/20

APPLICABLE STATUTES AND RULES:

Laws as Amended August 2018

(Lime Green); Rules as Revised September

2013 (Yellow).

On February 8, 2020, "Odie" a 9-year-old intact male German Shorthair Pointer mix was presented to Respondent due to bleeding from the tail or perineal area. Respondent did not note any bleeding but did identify two masses—one on the ventral aspect of the tail and the other on the left lateral ventral aspect of the perineal region. Respondent suspected the second mass could be a perianal adenoma and recommended castration as it could be curative for the mass.

Respondent's associate, and primary surgeon at the premises, agreed with Respondent's assessment and offered to perform the surgery at a later date; Complainant agreed.

On February 19, 2020, Respondent's associate neutered the dog and removed the perianal mass.

On February 21st and 22nd, 2020, the dog presented to Respondent's premises with concerns of incision dehiscence due to dog scooting and rubbing the incision. Sutures were loose but still holding.

On February 23, 2020, the dog was presented to VETMED for humane euthanasia.

Complainant was noticed and appeared telephonically. Respondent was noticed and appeared telephonically.

The Committee reviewed medical records, testimony, and other documentation as described below:

- Complainant(s) narrative: John Eric Rollinger
- Respondent(s) narrative/medical record: Hugh Giffords, DVM
- Consulting veterinarian(s) narrative/medical record: VETMED

PROPOSED 'FINDINGS of FACT':

- 1. On February 7, 2020, at approximately 6:00pm, Respondent stated that he received a phone call from Complainant advising that his dog was bleeding profusely from an open wound on or about the perineal region, and had been for the past 12 + hours. He was currently in the parking at VETMED, about to see an emergency veterinarian, and asked if Respondent would see the dog instead. Respondent explained that they had just closed for the day, therefore Respondent gave Complainant his cell number to call when he was speaking with the emergency veterinarian so Respondent could listen in on the conversation.
- 2. A little while later, Complainant called Respondent; he advised that they decided not to see the emergency veterinarian and asked if Respondent could see the dog. Respondent explained that if the dog was bleeding profusely, immediate medical care would be warranted. Complainant reported that the dog's wound was only dribbling now; Respondent agreed to see the dog the following day.
- 3. On February 8, 2020, the dog was presented to Respondent for evaluation of a bleeding mass near the anus. Upon exam, the dog had a weight = 78.8 pounds, a temperature = 100.8 degrees, heart rate = 100bpm, and a respiration rate = 36rpm. Respondent stated in his narrative that dog was not bleeding from the masses noted or from anywhere else. He did see a mass on the ventral aspect of the tail and another mass on the left lateral ventral aspect perianal region. Respondent explained his findings to Complainant, stating the first mass was a skin tag and the other could be a perianal adenoma, in which case neutering is recommended and often curative. He would still recommend sending the mass out for histopathology.
- 4. Respondent recommended neutering the dog and removing the masses at the same time; Complainant approved. He advised that he would not be performing the surgery, his associate Dr. Hamilton was the primary surgeon at the premises. At that time, Respondent asked Dr. Hamilton to evaluate the dog and give her opinion regarding whether or not surgery was the best course of action for the dog Dr. Hamilton agreed with Respondent's assessment and that neutering the dog could be curative if the mass was a perinanal adenoma.
- 5. Complainant was advised that the earliest date available for surgery was February 19, 2020 due to a full surgery schedule. Respondent advised Complainant was welcome to seek a second opinion; Complainant declined and elected to have the procedure performed by Dr. Hamilton on February 19th. An estimate was provided and the dog was discharged with Amoxi/Clav 875/125mg, 30 tablets; give one tablet twice a day, and SSD (silver sulfadiazine) cream to be applied 2-3 times a day to affected perianal area due to Complainant's concern the dog would lick or rub the area.
- 6. On February 12, 2020 February 21, 2020, Respondent was out of state for personal reasons.

- 7. On February 19, 2020, the dog was presented to Respondent's associate, Dr. Hamilton for neuter and mass removals. Dr. Hamilton noted that the left testicle was abnormal; very firm and attached therefore a scrotal ablation was performed. She recommended the testicle be sent out for histopathology along with the mass Complainant approved. Dr. Hamilton stated that she was only able to perform a debulk of the perianal mass due to how extensive and close the mass was to the anus. She did not want to damage or interfere with defectation. The dog would need to stay very calm during recovery. The dog was discharged later that day with trazadone, amoxi/clav, gabapentin, and caprofen.
- 8. On February 21, 2020, the dog was presented to Respondent's associate, Dr. Sosnow, for a recheck. Complainant was concerned that the sutures for the incision from the mass removal appeared to be coming loose. The dog had scooted in the yard. Dr. Sosnow noted that it did appear that one suture had loosened and there was a small amount of serosanguinous fluid present but no sign of infection or complete dehiscence. She advised Complainant that they needed to do everything they possibly could to prevent the dog from scooting. The area was being damaged due to the dog scooting therefore it would likely take extra time to heal. Dr. Sosnow recommended rechecking the following day with Dr. Hamilton. An Elizabethan collar was sent home with Complainant.
- 9. On February 22, 2020 (Saturday), the dog was presented to Dr. Hamilton for a recheck. Dr. Hamilton examined the dog and noted dehiscence of the right and dorsal aspect of the mass removal incision. There were sutures still present but loose and there was crusting along the incision. Dr. Hamilton cleaned the incision with chlorhexidine scrub; she recommended checking the dog on Monday for possible re-suture of the site and possibly managing the wound with bandage changes to heal by second intention. According to Complainant, he was advised that it was normal and it was going to take time to heal.
- 10. On February 23, 2020, Complainant stated that the dog was pacing and anxious. That afternoon the incision was bleeding and all the sutures were undone. He took a video and sent it to Respondent. The next day Complainant discovered he had sent the video to the wrong number. Due to the dog's condition, Complainant took the dog to VETMED for possible euthanasia. According to Complainant, the treatment options presented to them were too expensive, therefore he elected to end the dog's suffering and humanely euthanize the dog.
- 11. On February 24, 2020, Complainant reported that he called Respondent's premises to advise them that the dog had been euthanized. After realizing he sent the video of the dog to the wrong number, Complainant resent the video to Respondent; Respondent requested Complainant call him to discuss. According to Complainant, he did not speak to Respondent after multiple attempts to contact him.
- 12. According to Respondent, he had been traveling back and forth to New York to attend to a personal matter. However, on March 5, 2020, after receiving a text from Complainant about his poor communication, he immediately called Complainant. Complainant held Respondent responsible for the death of the dog.

COMMITTEE DISCUSSION:

The Committee discussed that communications could have been better, even Respondent admitted that; Respondent was going to be out of town handling a personal matter and communications regarding the dog's care should have been handled by an associate veterinarian in the practice.

It was interesting that Complainant spoke with two other veterinarians in the practice and reported that he only spoke with staff, and not a doctor, when the dog was rechecked. The visits and medical assessments were documented in the medical records.

Respondent could have called or texted Complainant to let him know that he was unavailable during that time and the dog's care could be addressed by his associates. Respondent's associate, Dr. Hamilton, performed the surgery on the dog and provided discharge instructions therefore she could have provided the post-surgical care.

Although the Committee felt communications could have been better, they did not feel it rose to the level of a violation.

COMMITTEE'S PROPOSED CONCLUSIONS of LAW:

The Committee concluded that no violations of the Veterinary Practice Act occurred.

COMMITTEE'S RECOMMENDED DISPOSITION:

Motion: It was moved and seconded the Board:

Dismiss this issue with no violation.

Vote: The motion was approved with a vote of 5 to 0.

The information contained in this report was obtained from the case file, which includes the complaint, the respondent's response, any consulting veterinarian or witness input, and any other sources used to gather information for the investigation.

Tracy A. Riendeau, CVT Investigative Division

DOUGLAS A. DUCEY GOVERNOR



VICTORIA WHITMORE EXECUTIVE DIRECTOR

ARIZONA STATE VETERINARY MEDICAL EXAMINING BOARD

1740 W. ADAMS STREET, SUITE 4600, PHOENIX, ARIZONA 85007 PHONE (602) 364-1-PET FAX (602) 364-1039

CERTIFIED MAIL 9489009000276265240713

September 24, 2020

Hugh Giffords, DVM ADDRESS ON FILE

LETTER OF CONCERN - 20-84 - In Re: Hugh Giffords, DVM

Dear Dr. Giffords:

At its meeting on September 16, 2020, the Arizona State Veterinary Medical Examining Board considered information presented in the complaint case opened by the Board regarding a complaint filed by Mr. John Eric Rollinger.

In each case, the Board considers the situation and the professional's response, as well as all relevant information. In this matter, after review and discussion, the Board voted to issue you a Letter of Concern pursuant to A.R.S. § 32-2234(D). This Letter of Concern is regarding the need for improved communication with pet owners in respect to situations where an associate may take over the care of your patient while you are out of town or unavailable.

A Letter of Concern is defined in A.R.S. § 32-2201(12) as "...an advisory letter to notify a veterinarian that, while there is insufficient evidence to support disciplinary action about certain aspects of the case, the Board believes the veterinarian should modify or eliminate certain practices and that continuation of the activities that led to the information being submitted to the Board may result in action against the veterinarian's license."

We hope you will take this advisory letter in the spirit that it is intended to avoid any other potential violations in the future.

Respectfully, FOR THE BOARD

Victoria Whitmore Executive Director

cc: John Eric Rollinger